## 2000 UNIFORM BUSINESS REPORT (UBR)

## Aug 21, 2000 8:00 am Secretary of State DOCUMENT # **P97000033998** -MYERS-SAFETY-PRODUCTS, INC. 08-21-2000 90209 010 \*\*\*550.00 Principal Place of Business Mailing Address 2121 SUNSET AVE. 2121 SUNSET AVE. INDIALANTIC FL 32903 INDIALANTIC FL 32903 AUU7340U 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3380680 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MYERS, SAMUEL A III Street Address (P.O. Box Number is Not Acceptable) 2121 SUNSET AVE. INDIALANTIC FL 32903 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition ☐ Change TITLE ☐ Delete TITLE MYERS, SAMUEL A III NAME STREET ADDRESS STREET ADDRESS 2121 SUNSET AVE. CITY-ST-ZIP CITY-ST-ZIP INDIALANTIC FL 32903 Addition TITLE ☐ Delete TITLE ☐ Change MYERS, STEPHANIE SUE NAME NAME STREET ADDRESS STREET ADDRESS 2121 SUNSET AVE. CITY-ST-ZIP CITY-ST-ZIF INDIALANTIC FL 32903 TITLE ☐ Delete TETLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITE F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE Change Addition TITLE ☐ Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MANNOF SIGNING OFFICER OR DIRECTOR

Date

Date

Description 119.07(3)(i). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes, I further certify that I am an officer or director indicated in Section 119.07(3)(ii). Florida Statutes, I further certify that I am an officer or director indicated in Section 119.07(3)(ii). Florida Statutes, I further certify that I am an officer or director

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